

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Kevin Callager	COURT CASE NUMBER 08C1424
DEFENDANT Public Defender of Du Page County, et al	TYPE OF PROCESS S/C
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Office of the Public Defender of DuPage County # 400.503
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 505 N. COUNTY FARM RD WHEATON ILL 60187 P.O. OFFICE

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Kevin Callager
1450 Joliet Street
Dyer, IN 46311

Number of process to be served with this Form - 285	1
Number of parties to be served in this case	4
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

FILED

JUN 12 2008 YM

6-12-2008

MICHAEL W. DOBBINS

Signature of Attorney or other Originator requesting service on behalf of CLERK, U.S. DISTRICT COURT	DATE 03-24-08
<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1 of 4	District of Origin 24 No.	District to Serve 24 No.	Signature of Authorized USMS Deputy or Clerk Td	Date 03-24-08
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above. (See remarks below)

Name and title of individual served (if not shown above) JASON HANCO INVESTIGATOR	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 6/3/08
	Time 3:30
	Signature of U.S. Marshal or Deputy [Signature]

Service Fee 96.00	Total Mileage Charges (including endorser's) 29.10	Forwarding Fee 0	Total Charges 125.10	Advance Deposits 0	Amount owed to U.S. Marshal or 125.10	Amount of Refund 0
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REMARKS:

1 DUAM
2 HOURS
60 miles RT